

Sign Out Authorization

Name of Child:		Date of Birth:
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PLEASE GIVE THE FULL NAME AND TELEPHONE NUMBER OF INDIVIDUALS WHO YOU GIVE PERMISSION TO SIGN OUT YOUR CHILDREN FROM OUR FACILITY:

Last Name	First Name	Relationship	Telephone Number
Last Name	First Name	Relationship	Telephone Number
Last Name	First Name	Relationship	Telephone Number
Last Name	First Name	Relationship	Telephone Number
Last Name	First Name	Relationship	Telephone Number
Last Name	First Name	Relationship	Telephone Number
Last Name	First Name	Relationship	Telephone Number
Last Name	First Name	Relationship	Telephone Number
Last Name	First Name	Relationship	Telephone Number

Whoever is listed on this form has permission to pick up your child at any time without prior approval from parent and/or guardian

Parent Signature

Date